

स्वपरायण, मानसिक मंदता, सेरेब्रल पाल्सी, बहुविकलांगों हेतु



सत्यमेव जयते

‘लीगल गार्जियनशिप’



राष्ट्रीय न्यास भारत सरकार द्वारा स्वपरायणता, मानसिक मंदता, सेरेब्रलपाल्सी, बहुविकलांगता ग्रस्त व्यक्तियों के लिए कानूनी संरक्षण योजना

आवेदन :- फार्म को अंग्रेजी में भरना है, फार्म के साथ निम्न प्रमाण-पत्रों की फोटोकॉपी लगाएँ :-

1. हितग्राही के साथ पालक का संयुक्त पासपोर्ट साईज फोटो (06 प्रति में)
2. राशन कार्ड की फोटोकॉपी (02 प्रति में)
3. मूल निवासी प्रमाण-पत्र (02 प्रति में)
4. जन्म प्रमाण-पत्र (02 प्रति में)
5. जिला मेडिकल बोर्ड का विकलांग प्रमाण-पत्र (02 प्रति में)

::- पात्रता की शर्तें ::-

- स्वपरायणता, मानसिक मंदता, सेरेब्रलपाल्सी एवं बहुविकलांगता से ग्रस्त व्यक्तियों के लिए।
- निःशक्त व्यक्ति की आयु 18 वर्ष से अधिक होनी चाहिए।
- आवेदन जिले की लोकल लेवल कमेटी, पंचायत एवं सामाजिक न्याय विभाग के माध्यम से किया जा सकता है।

जिला विकलांग एवं पुनर्वास केन्द्र (डी.डी.आर.सी.)

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Form -A
[See rule 16(1)]

Form of application to the Local Level Committee by a patient, relative or a registered organisation for appointment of guardian for a person with Disability

From

Date:

To

The Local Level Committee.

Sir/Madam

_____ is a person with disability and requires protection of his person and property through a guardian. We hare by request that _____ be appointed as guardian of the said _____ for the protection of his person property.

We furnish hereunder further details and request early decision :

1. Particulars of the person to be provided guardian
Name :
Age :
Nature of Disability:

Address :

2. Particulars of the person proposed to be appointed as guardian
Name :
Age :
Relationship with ward, if any :
Address :

We enclose herewith disability certificate of the said _____ obtained from _____

Yours Faithfully,

Authorised Signatory
Name:
Description:
Office Stamp

Witness

1st Witness
2nd Witness

Consent of the person proposed to be appointed Guardian

I hereby agree to be the guardian of the person and property of _____
and shall discharge my obligations with due diligence.

Signature :

Name:

Date:

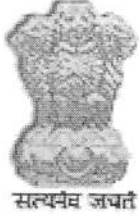
Consent of the guardian, If any, to the aforesaid proposal

I hereby agree to the above proposal to appoint _____ as the
guardian of _____

Signature:

Name:

Date:



NATIONAL TRUST

For the Welfare of Persons with Autism, Cerebral Palsy,
Mental Retardation & Multiple Disabilities
(Ministry of Social Justice & Empowerment, Govt. of India)
9th Floor, Jeevan Prakash Building, Kasturba Gandhi Marg, New Delhi-110001.
Tel:011-23766898 Fax:011-23731648
E-mail-nationaltrust@nic.in , Website-nationaltrust.org.in, thenationaltrust.in



Certificate No.....

Place

Date of Issue.....

Certificate of Appointment of Guardianship

[See section 14 of National Trust Act, 1999]

Form-B

[See rule 16 (2) of National Trust Rules, 2000]

Form of confirmation of appointment of guardian on application made by (1) a registered organization, or (2) parent or relative of person with disability.

The Local Level Committee situated at _____ having considered the application made by _____ for appointment of guardian for _____ hereby confirms its decision as under :

1. Name of the ward :
2. Name of the guardian :
3. Obligations of the guardian
 - a) Maintenance and residential care
 - b) Management of immovable property
 - c) Management of movable property
 - d) Any others :

Joint Photo of
Person with
Disability and Legal
Guardian

The guardian shall furnish property to this Committee as per Form C and Form D specified under these rules.

Place:

Signature (s):

Date:

Seal of DM/DC

Stamp (of LLC):

NOTE- All earlier Certificates of Appointment of Guardianship, if any, automatically stand superseded and cancelled with the issue of this Certificate. The alternate guardian shall be
(Please see overleaf for terms and conditions)

Form-C
[See Rule 27(1)]

Form of return covering property of the ward to be submitted by the guardian within 6 months of his appointment as guardian.

1. Name of the guardian :
2. Name of the ward :
3. Date of appointment :
4. Inventory of immovable property of the ward received by the guardian (to be furnished item wise)
 - (I) Nature :
 - (II) Estimated market value:
 - (III) Location:
5. Inventory of the movable property of the ward received by the Guardian (to be furnished item-wise)
 - (I) Description :
 - (II) Value :
6. Pending liabilities of the ward :
 - (I) Nature :
 - (II) Amount :
7. Pending claims receivable by the ward :
 - (I) Nature :
 - (II) Amount :

I declare that aforesaid information is true and accurate to the best of my knowledge, information and belief.

(Signature of guardian)

Place:
Date:

Witness

1st Witness
2nd Witness

Form-D
[see Rule 27(2)]

Form of account of the property and assets to be furnished by the guardian within a period of 3 months of the close of every financial year.

1. Name of the guardian

2. Name of the Ward

3. Immovable property of the ward held by the guardian as on (to be furnished item-wise)

1. Nature : _____
2. Estimated Market Value : _____
3. Location : _____

4. Receipts and payments statement

For the period from _____ to _____

_____ payments _____
Heads amount

_____ Receipts _____
heads amount

5. Movable assets of the ward in the charge of the guardian on

_____ (to be furnished item wise)

- Nature :
- Amount:

6. Investments redeemed or alienated for consideration during the year ended

_____ (including renewals)

8. Increase/decrease in the value of movable assets of the ward during the year ended

_____ Brief explanation for the variation vide (8) above :

I hereby declare that aforesaid information is true and accurate to the best of my knowledge information and belief.

Signature of the Guardian

Place

Date

Witness

1st Witness

2nd Witness

Terms & Conditions:

1. This Certificate is a valid legal document of guardianship of a person with disability under National Trust Act even if he/she is more than 18 years of age and shall be accepted by all officials and authorities.
2. The Guardian is empowered to apply for opening & operating of account in any bank and post office on behalf of the ward (person with disability).
3. The Guardian is empowered to act on behalf of the person with disability in all his/her affairs whether personal/financial or related to his/her property and security.
4. Neither the Guardian nor the National Trust will have any ownership right or title of the property of the persons with disability and the normal Law of Succession will be applicable in all such cases.
5. The Guardian shall always act in the bona fide interest of the person with disability. Any omission or commission or any misuse or abuse of power vested in the guardian contrary to the interests of the person with disability will be dealt with as per prevalent law of the land.
6. The Local Level Committee may select an alternate Guardian so that when the Guardian is no more, the alternate Guardian can be formally appointed as Guardian, even suo-moto, by the LLC without any delay. However the alternate Guardian cannot function as legal Guardian till the formal appointment by the LLC.
7. **“Immovable property declared on which the mentally retarded person has a share is as under:**
(a) Survey No.-----, Village/Town-----, Area-----Cent/Acre
(b)-----do-----
8. **In case the Guardian has to dispose of the immovable property in which the mentally retarded person has a stake then prior permission of the Local Level Committee has to be mandatorily obtained.**